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Health-Seeking Behavior in Families

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Abstract
Health-seeking behavior means action based on a personal decision to promote wellness or recovery from an illness or disease. To improve the health of families, one must understand how and why people make decisions that affect their health. Factors that shape health-seeking behaviors in families are socioeconomic (e.g.,age, education, literacy,employment, income), social (e.g.,family,culture), and structural (e.g., availability and access to health care).

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Comments
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necessary software that enlarges print or has an auditory feature. A student with a colostomy may receive additional break time for colostomy care without the repercussions for the extra time. A student who has epilepsy may be assigned work tasks that do not involve having to use a stepladder or other tasks involving the risk of falling from an elevated workplace. Students who use wheelchairs will need environment modifications of their workstation, such as enabling the appropriate positioning of the wheelchair to use a computer or work at a receptionist desk.

Youth who plan to attend college and their families may not know unless informed by the service coordinator that they are eligible for Disabled Student Services, a service program for youth on every college campus in the United States. There are many services available through Disabled Student Services, once their eligibility has been determined with the documentation of their disability or chronic condition. These services include priority registration, accessible housing, accessible transportation on campus, alternate forms of assignments and testing, handicapped parking, tutoring, and computer support services.

Employees with disabilities who require health-related accommodations are entitled to them by federal and state laws without fear of discrimination by the employer. Typically, larger organizations have human resource specialists who can provide the necessary support and assistance to employees with disabilities regarding needed health-related accommodations. For smaller workplaces that do not have a human resource department, external state and federal resources, such as the Job Accommodation Network of the United States Department of Labor provide information to workers with disabilities and employers who hire persons with disabilities when questions arise pertaining to workplace accommodations.

Obtaining needed health-related accommodations may mean the difference between success and failure at school and in the workplace. Accommodations are effective supports that can enhance the quality of life for individuals with chronic health problems and disabilities.

Cecily Lynn Betz

See also Access to Health Care: Child Health; Adult with Disability Living at Home; Adults With Childhood-Acquired Conditions; Chronic Health Problems and Interventions for the Midlife Family; Chronic Illness and Family Management Styles; College Transition for Families; Developmental Transitions in Families; Disabilities and Family Management; Educating the Family Regarding Chronic Physical Illness; Families Experiencing Chronic Physical and Mental Health Conditions

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Health-seeking behavior means action based on a personal decision to promote wellness or recovery from an illness or disease. To improve the health of families, one must understand how and why people make decisions that affect their health. Factors that shape health-seeking behaviors in families are socioeconomic (e.g., age, education, literacy, employment, income), social (e.g., family, culture), and structural (e.g., availability and access to health care).

Socioeconomic Status

An individual's health-seeking behavior is largely influenced by his or her socioeconomic status. According to data from the Behavioral Risk Factor Surveillance System (BRFSS), education level, employment status, and income all affect the health and health behavior of U.S. adults. Higher education and income, which tend to covary (are related to each other), generally lead to more proactive health choices, perhaps due to greater availability of resources to devote to health maintenance. In the United States, employment plays a key role in enabling access to health care through employer-subsidized health insurance. For unemployed, part-time, or low-wage workers, health insurance may be prohibitively expensive. Having health insurance coverage increases access to and use of the health care system (i.e., health-seeking behaviors), while lack of health insurance decreases the likelihood of seeking preventive health services.

Social Environment

An individual's health-seeking behavior is deeply embedded in his or her social environment that encompasses family, community, and culture. Families are diverse; they come in many forms and configurations. *Family* can be defined as one or more individuals who are related by birth, marriage or civil union, or adoption or guardianship; they share common bonds through a long-term committed relationship. Within families, the health status of parents or primary caregivers strongly influences the health and health awareness of children. For example, parents or primary caregivers with significant health issues are less likely to interact with their children in ways that promote child health. In addition, children may learn behaviors that lead to poor health (e.g., physically inactive, substance abuse, poor nutrition) or promote good health (e.g., exercise, balanced diet) by watching their parents or other family members.

Culture is the sum of the experiences and learned behavior patterns of a given group and includes beliefs, values, religions, identity, and practices, which can promote, as well as discourage, health-seeking behavior. Culture influences how illness is defined and treated, who is considered a reliable health resource, and when it is appropriate to seek medical care. Culture plays a role in specific health-seeking decisions. For example, in the national longitudinal research project titled *Rural Families Speak* (RFS), Hispanic families reported postponing or not filling prescriptions for themselves or their children significantly more often than their non-Hispanic Caucasian counterparts. While this intergroup disparity may partly be due to differences in financial resources, culture may also play a role. For displaced groups, culture and, in particular, language may act as a barrier to health-seeking behavior, especially if the individual is unfamiliar with the norms of the society in which they reside.

It is important to recognize, however, that culture may mask the true socioeconomic factors underlying health decisions. For example, in the RFS sample, it was found that Hispanic families used health care services less frequently than non-Hispanic Caucasian families. However, on closer analysis, it was discovered that this difference was primarily due to the lower rate of insurance coverage of Hispanic families. Looking only at families with insurance, such ethnic differences disappeared, indicating that the true underlying factor was insurance coverage status, not culture.

Structural Environment

Structural factors, including availability of public health insurance, availability of community health services, and access to reliable transportation also encourage or discourage families from seeking preventive or remedial care. Families in rural communities, in particular, may face more structural challenges than their urban counterparts. Numerous studies, including those using RFS data, have shown that individuals in rural communities tend to have poorer health than people in suburban or metro areas. This is partly because there are generally fewer local health care facilities, and there are fewer transportation options in rural communities. In addition, rural communities tend to offer fewer and lower paying jobs, leading to higher unemployment and underemployment, lower incomes, and, consequently, decreased enrollment in health insurance. The availability, then, of public health insurance becomes relatively more important in the rural context. From the RFS sample, it was found that individuals with health insurance, of which a large proportion comprised Medicaid and state-provided

health insurance, visited doctors more often than those without insurance. Combined with limited availability or access to health care facilities, lower income can cause families to for go preventive care and to see health care providers only when their health has deteriorated to a point where emergency medical care is needed.

Interventions

Through increased understanding of the nature and complexity of the above socioeconomic, social, and structural factors and how they interact with one another, one can more effectively develop interventions that shape health-seeking behaviors in families. For example, if there are known cultural norms that shape whom a family goes to for health information and advice (such as a grandmother), then an intervention could be designed that involved a grandmother in delivering the intended message.

In working with families, it is important for health care professionals to be aware of how their own culture and experiences shape their assumptions and expectations regarding optimal health and health-seeking behavior. It is critical that they build a relationship based on positive rapport and mutual trust. When families perceive they are being listened to and their needs and concerns are understood, they will be more likely to listen to information and advice from professionals.

Kimberly Greder and Yoshie Sano

See also Cultural Attitudes Toward Help Seeking and Beliefs About Illness in Families; Decision Making in the Context of Health and Illness; Factors Influencing Family Health Values, Beliefs, and Priorities; Poverty, Children in, and Health Care

Further Readings

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Websites

Rural Families Speak: http://www.cehd.umn.edu/fsos/Centers/RuralFamiliesSpeak

Heart Disease and the Family

Heart disease is the primary cause of mortality in the United States, claiming over 800,000 lives each year. One of three deaths is caused by cardiovascular disease, leaving many families bereaved; over 80 million people have one or more forms of cardiovascular disease.

Families have a strong influence on the health of their members, and the health-related behaviors that are most relevant to heart disease risk (diet, exercise, smoking, alcohol use, and methods of managing stress) are usually learned and reinforced within the family. Families embody cultural norms that affect health choices, and although they can be a major source of social support, they can also be a source of stress. Heart disease profoundly affects families, who must change and adapt to its demands. A family orientation is the most effective approach to disease management and rehabilitation in this serious chronic condition. This entry focuses on the role of the family in managing heart disease, including prevention, adherence, and mortality.

Prevention and Diagnosis

Epidemiological and genetic studies indicate family history is a risk factor for heart disease. Personal relationships and connections within families influence individuals' assessments of their family history; effective clinician–patient communication depends on an appreciation of patients' lay models of disease risk. Family members can have a strong influence on whether patients seek necessary screening to detect heart disease; wives, for example, are often central to encouraging their husbands to have regular medical visits. Families encourage, insist, or take direct action in promptly summoning medical help when individuals experience chest pain and other potential symptoms of myocardial infarction. The presence of family members can save lives.

Adherence and Disease Management

Practical and emotional support, family cohesiveness, and the absence of family conflict are essential to helping individuals manage heart disease. Families help by assisting with three essential elements of adherence, as described by Leslie Martin and colleagues.